NOT PROTECTIVELY MARKED

Public Board Meeting	**28 September 2022** **Item No 05**
THIS PAPER IS FOR DISCUSSION	
BOARD QUALITY INDICATORS PERFORMANCE REPORT	

Lead Director **Author**	Pauline Howie, Chief Executive Executive Directors
Action required	The Board is asked to discuss progress within the Service detailed through this Performance Report: - 1. Discuss and provide feedback on the format and content of this report. 2. Note performance against key performance metrics for the period to end August 2022. 3. Discuss actions being taken to make improvements.
Key points	This paper brings together measurement for improvement as highlighted by the Scottish Government's Quality Improvement and Measurement for Non Executives guidance. This paper highlights performance to end August 2022 against our strategic plans for Clinical, Operational, Scheduled Care and Staff Experience Measures. Patient Experience, Staff Health and Wellbeing and Financial Performance are reported in separate Board papers. The Service continues to experience significant pressure, exacerbated by another COVID-19 wave, with increased unscheduled care demand, higher patient acuity, workforce abstractions and challenges in handing over patients timeously at emergency departments because of wider health and care system pressures. Detailed plans to improve workforce capacity, create more operational capacity, manage demand and progress joint turnaround improvement plans with hospitals has been created and implementation continues at pace. <u>Clinical and Operational Performance</u> Purple Category 30-day survival rates have shown consistent improvement with the data at end May 2022 sitting at 56.8% and within normal control limits. Out of Hospital Cardiac Arrest (OHCA) - the Return of Spontaneous Circulation (ROSC) for VF/VT patients for the financial year 2021/22

	was above the aim (46%) at 52.3% this has increased slightly to 52.6% in August. The proportion of emergency patients managed outwith the Emergency Department was 48.5% at end August 2022. This was made up of 24.6% of patients managed at point of call and 23.9% managed on scene. The overall picture of patients being cared for out with the Emergency Department remains on target and will be supported by the work that is underway through the national Integrated Urgent and Unscheduled Care Collaborative of which the Service has a pivotal role to play. <u>Workforce</u> The Service's Equality Monitoring Report was presented to the Staff Governance Committee for approval at the September meeting, following consultation across the Service. It will be published on the Service's website over next few weeks. Our workforce plans for 2022/23 will continue to be reviewed and recruitment and training targets updated for the remainder of this year and into early 2023. We continue to recruit to fill vacancies and additional frontline staff this year as part of the Service's demand and capacity programme. We continue to work in partnership with staff side representatives including a weekly meeting to strengthen communications and enhance formal partnership structures. Following on from our recent Partnership Conference we are working through the agreed actions, including updating and strengthening our agreed partnership working arrangements. In addition, we continue to meet regularly to work through the agreed key workforce priorities to focus on to alleviate some of the more challenging issues we face as we move into the next phase of supporting our 2030 Strategic aims. The decommissioning of our Mobile Testing Units (MTU) in line with Scottish Government direction to meet the deadline, this has required considerable resource, time and extensive consultation and engagement with over 800 staff, to ensure that the decommissioning has been in accordance with all relevant employment legislation as well as ensuring all staff are offered as much individual support as possible. The range of supportive measures has included alternative tasking, retraining, up-skilling, careers advice and assisting with applying for other jobs. <u>Enabling Technology</u> There is no significant update on progress with the Home Office Emergency Services Mobile Communication Programme (ESMCP). Work is continuing to review the contracted procurement 'lots' which have been awarded to suppliers to deliver the new Emergency Service Network (ESN). A Competition and Market Authority investigation is also ongoing, and both of these events continue to

	contribute to a lack of certainty over the direction of travel of the programme both in terms of which suppliers will deliver the solution and when. Clarity is not expected until December 2022 with an acknowledgement that the delays will lead to the current Airwave shutdown date moving beyond 2026. An impact assessment of the delay is taking place in Scotland, as is an exercise with Scottish Government to review if ESN is still the right thing to do. The Service continue to work to implement the ESN compatible Integrated Communications Control System (ICCS) as part of the reset Ambulance Radio Programme (ARP) project. After multiple failed test events, a deadline of 19 August 2022 was put to ARP to provide a system that resolved the outstanding issues and passed end-to-end testing. The majority of issues were resolved, however, there is one remaining issue that is being risk-assessed by operational colleagues to assess if it is a show-stopper. Planning is ongoing to find a suitable go-live date prior to winter pressures. The discovery phase of Phase 2 of the Digital Workplace Project (DWP) is coming to a conclusion. Key links have been made into national groups, including project management, information governance and power platforms. The Project Team has formed including key user representatives from across the organisation. The rollout of OneDrive remains on hold while National Services Scotland (NSS) investigate the issues identified during the initial rollout attempt. The Champions Network continues to expand with monthly onboarding sessions.
Timing	This paper is presented to the Board for discussion and feedback on the format and content of information it would like to see included in future reports.
Associated Corporate Risk Identification	4636 – Health and Wellbeing of staff 4638 – Wider system changes and pressures 4640 – Risk of further slippage in ESMCP 5062 – Failure to achieve financial target 4639 – Service's response to a cyber incident
Link to Corporate Objectives	The Corporate Objectives this paper relates to are: 1.1 Engage with partners, patients and the public to design and co-produce future service. 1.2 Engaging with patients, carers and other providers of health and care services to deliver outcomes that matter to people. 1.3 Enhance our telephone triage and ability to See and Treat more patients at home through the provision of senior clinical decision support. 2.1 Develop a bespoke ambulance patient safety programme aligned to national priorities. Early priorities are Sepsis and Chest Pain. 2.4 Develop our mobile Telehealth and diagnostic capability. 3.1 Lead a national programme of improvement for out of hospital cardiac arrest. 3.2 Improve outcomes for stroke patients.

	3.4 Develop our education model to provide more comprehensive care at the point of contact. 3.5 Offer new role opportunities for our staff within a career framework. 4.1 Develop appropriate alternative care pathways to provide more care safely, closer to home building on the work with frail elderly people who fall - early priorities also include mental health and COPD. 5.1 Improve our response to patients who are vulnerable in our communities. 6.2 Use continuous improvement methodologies to ensure we work smarter to improve quality, efficiency and effectiveness. 6.3 Invest in technology and advanced clinical skills to deliver the change.
Link to NHS Scotland's quality ambitions	This report highlights the Service's national priority areas and strategy progress to date. These programmes support the delivery of the Service's quality improvement objectives within the Service's Annual Operational Delivery Plan & Remobilisation Plan.
Benefit to Patients	This 'whole systems' programme of work is designed to support the Service to deliver safe, person-centred and effective care for patients, first time, every time. A comprehensive measurement framework underpins the evidence regarding the benefit to patients, staff and partners.
Equality and Diversity	This paper highlights progress to date across a number of work streams and programmes. Each individual programme is required to undertake Equality Impact Assessments at appropriate stages throughout the life of that programme. In terms of the overall approach to equality and diversity, key findings and recommendations from the various Equality Impact Assessment work undertaken throughout the implementation of Towards 2020: Taking Care to the Patient, are regularly reviewed and utilised to inform the equality and diversity needs.

SCOTTISH AMBULANCE SERVICE – BOARD PERFORMANCE REPORT

Introduction

The Board Performance Report collates and presents the Service's Key Performance Indicators. These measures are based on the Service's 2022/23 Measurement Framework. Following feedback from Board members the format and content of this report is under review.

What's New

Revised Board measures were presented to the Board Development Session on 31 August 2022. The revised measures were agreed and, where amiable, have been implemented in this report. These include:

- All emergency response times measured by median and 95th percentile
- Introduction of call to treatment time for stroke patients
- Introduction of Health Care Professional timed admission calls measurement
- Additional turnaround time measurement showing the average
- Introduction of single crewing measure

What's Coming Next

In order to reduce duplication and to enhance our assurance reporting, over the next few months we are revising and aligning the various board papers.

Development of additional KPI measures in future reports will bring together the time-based measures alongside new and revised workforce and clinically focused measures including Cardiac Arrest Survival. The key areas of future development of measures will aim to enhance the detail for each group of patients including patients at high risk of acute deterioration (red coded conditions), patients requiring further specialist intervention (amber coded conditions) and non-emergency patients. Indicators to measure the Service's contribution to wider population health and care assurance are also under development.

Response Time Definition Change - In line with all other UK Ambulance Services, from 1st April 2022 the definition of the Service's response times has changed. The response to patients is now measured from the point at which the acuity of the patient is determined.

Under the previous definition, the response was measured from the same point in every 999 call regardless of patient acuity and when the chief complaint is established (T4). Often at this point, the dispatcher has insufficient information to determine the condition of the patient, whether an ambulance needs to be dispatched or some time may have passed since the patient was identified as not breathing or not awake.

Work is still underway to develop the new measure and Response times will continue to be reported under the previous definition until verified. The aim is that this new way of reporting will report as soon as possible where it will be marked as provisional until it has been thoroughly tested.

On completion of this process, figures from April 2022 will be retrospectively amended to reflect the new definition. Figures from April 2022 are to be treated as provisional until this amendment is made.

Remaining measures will be introduced in subsequent reports with the following measures planned for inclusion in the November 2022 report.

Critically Unwell Patients

- Worked Arrests - VF/VT Rhythms (Utstein Comparator) - survival @ 30 days
- Bystander CPR rates
- Pre SAS arrival PAD use

Measures which are planned for inclusion in 2023 are:

Patients with a High Risk of Deterioration

- Confirmed major trauma patients
- SAS use of the major trauma Tool
- SAS pre-alert to major trauma centre
- Antibiotic administration for open long bone fractures
- Tranexamic acid for severe haemorrhage

Additionally a review of the people measures is in progress and additional measures will be added when agreed, defined and built.

Performance Charts

The Board Performance Report consists of data pertaining to a number of Service’s measures plotted in control charts (with control limits) and run charts (without control limits). Both types of charts provide a statistical tool for understanding variance within a data set. Correctly interpreted these charts help the user to differentiate between random and non-random patterns, or 'signals'.

Control Charts

Rule 1: A run of eight or more points in a row above or below the mean (light blue)

Rule 2: Six or more consecutive points increasing or decreasing (green)

Rule 3: A single point outside the control limits (orange)

Run Charts

Rule 1: A run of six or more points in a row above or below the median (light blue)

Rule 2: Five or more consecutive points increasing or decreasing (green)

Rule 3: Undeniably large or small data point (orange)

D: Demand Measures

Unscheduled Care - All Calls

Unscheduled Care - All Incidents

Unscheduled Care - All Incidents Attended

Scheduled Care Calls - All Calls

Scheduled Care - Journeys

What is the data telling us?

In March 2020 at the start of the pandemic, demand across all areas dropped, from then demand increased month on month before decreasing again as stricter restrictions were introduced on 26 December 2020. Since the easing of the lockdown restrictions at the start of May 2021 unscheduled demand increased above pre-pandemic levels with total calls between June and September 2021 being beyond the control levels. Unscheduled call demand has remained within the control limits in August 2022 with 90,394 calls. The volume of incidents has returned within control limits and is in line with pre-pandemic levels.

Scheduled care calls and journeys remains lower than pre-pandemic.

Why?

The rescheduling of services in the wider healthcare sector due to the pandemic, alongside the widespread adoption of NHS Near Me virtual consultations has been the main driver behind the drop in scheduled care activity. The requirement for physical distancing reduced the Service's capacity until April 2022 when this requirement was removed, although some specific infection control arrangements remain for certain patient types.

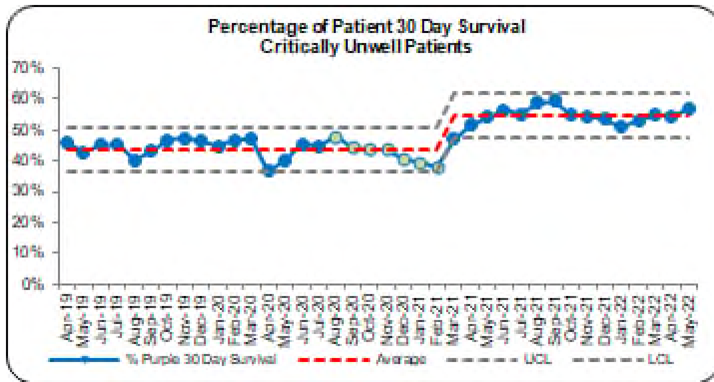
What are we doing to further improve and by when?

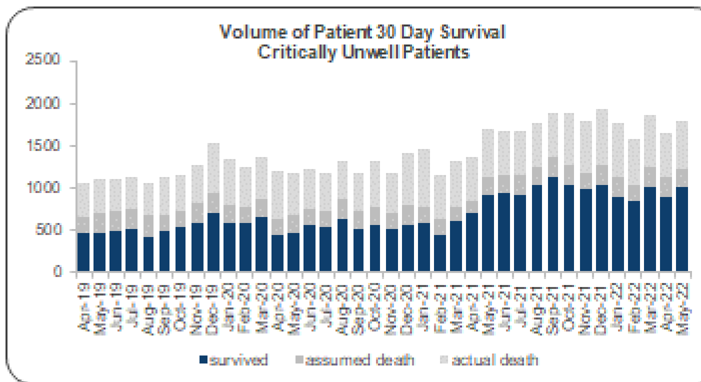
We are working closely with a collaboration of data analysts from across the health and social care system, led by Public Health Scotland, to forecast demand for the remainder of the year. Our forecasts are regularly updated based on intelligence of changes in the multitude of variables and Scottish Government planning assumptions.

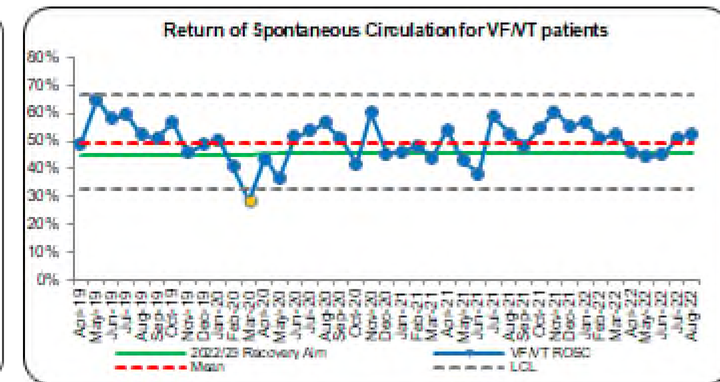
As part of our remobilisation plans, we have established several work streams to manage demand and resourcing which include working with the wider system to schedule urgent care where appropriate, increase advanced triage and consultation, and continue to recruit and train additional staff. Significant work is being undertaken with hospitals to improve flow and reduce ambulance handover times. These are explained later in the paper.

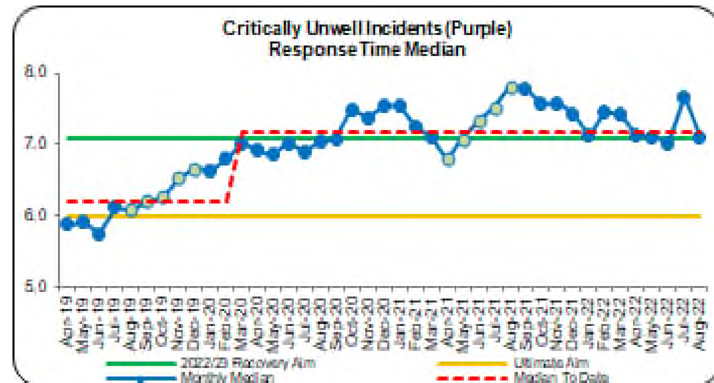
Our work to support staff health and wellbeing is detailed in a separate Board paper.

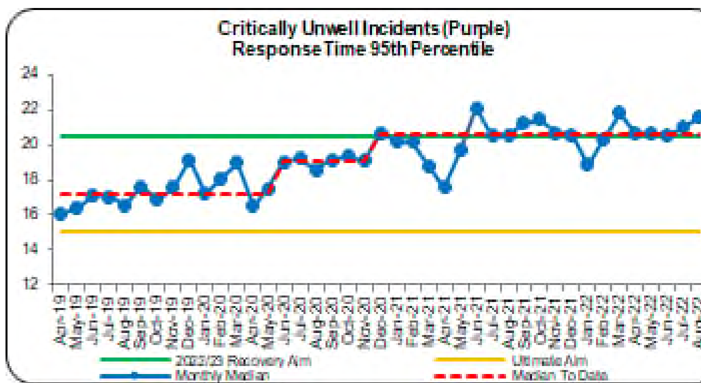
Purple Response Category: Critically Unwell Patients











What is the data telling us?

Purple Category 30-day survival data is collated three months in arrears in order to validate the figures. The 30-day survival rate for these patients at end May 2022 increased to 56.8%, it remains within the control limits with no evidence of impact for seasonality that we have seen in previous years. This will continue to be monitored closely to allow us to better understand any influencing factors.

Out of Hospital Cardiac Arrest (OHCA) - the Return of Spontaneous Circulation (ROSC) for VF/VT patients had been maintained on or above the aim of 46% in the ten months between July 2021 and April 2022 with 52.3% being achieved in 2021/22. This has increased slightly to 52.6% in August 2022.

Within our OHCA programme our range of work streams are designed to support the Service to deliver its role across the key aims of the national Out of Hospital Cardiac Arrest Strategy due for delivery in 2026. Each year in Scotland over 3,000 people have resuscitation attempted in the community after they have an OHCA with only 1 in 10 people surviving such an event. We know from other countries around the world, with similar populations and healthcare systems that it is possible for more people to survive. Our aim is to further increase survival after OHCA in Scotland.

International ‘Restart a Heart Day’ takes place on 16 October 2022 and the Service is planning to use this date to launch the use of the GoodSAM app for the public in Scotland. The GoodSAM app is used in many systems to alert responders where there is a patient in cardiac arrest nearby and offers the potential to increase rates of CPR prior to the arrival of the ambulance. The plans for the launch are at a well-developed stage and there is confidence this will be a positive step forward for the Service.

A further important element of our role is the use of Scottish Ambulance Service data to understand and drive improvements. An example of this is the high-level data suite which has been developed, agreed and the format completed. This will see all OHCA data reported on a quarterly basis. Our annual report, which includes linked outcome data, is in the final development phase and it is expected this will be published imminently.

“PADMAP” is a publicly available resource to help inform communities of the optimal place to house their Publicly Available Defibrillators (PADs) with data from the Service used to support this work.

There is a continued focus on 3RU with a number of new sites now trained and approximately 75 new 3RU paramedics trained in existing sites. Work has been progressed to identify any areas that may benefit from having a 3RU system, and engagement with those Regions is underway. This includes extending 3RU in Glasgow and introducing into Argyll, Clyde and Dumfries and Galloway. Extensive engagement also continues with existing 3RU sites to ensure that the system is optimal and is in line with demand and capacity reviews.

Work is continuing with the Education and Practice Development Department (EPDD) to ensure consistent education materials and training for all crews during the forthcoming learning in practice cycle, and the Clinical Training Officers at each site have had updates provided by the OHCA Clinical Effectiveness Lead.

Several high-profile research projects, designed with the aim of improving OHCA, are underway. There are also early discussions about how to best research the use of drone technology and how to better access PADs.

Purple Median Times

Median response times to purple incidents increased in July 2022 however returned to below the median in August at 7 minutes 6 seconds. We reached 95% of these patients in 21 minutes 33 second in August (95th percentile). The key influencing factors on response times are service time (which includes hospital turnaround times), emergency demand, shift cover and staff availability during shift.

Work is ongoing around these four priority areas

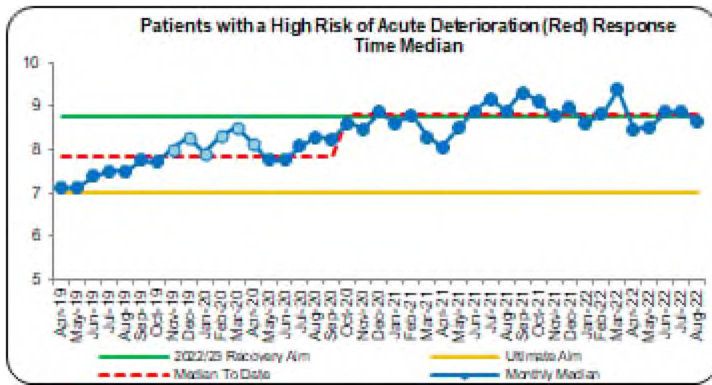
1) Reducing service time (through auto-allocation, new static sites for ambulances, reducing hospital turnaround times and timely access to professional-to-professional support).
2) Reducing the number of Accident and Emergency unit dispatches (through Advanced Paramedic clinical assessment, alternative pathways of care, flow navigation centres, specialist response vehicles for mental health and accessing mental health assessment centres).
3) Increasing ambulance resources (demand and capacity programme).
4) Reducing unavailable time (through make ready, equipment, cleaning vehicles, welfare packs at hospital sites).

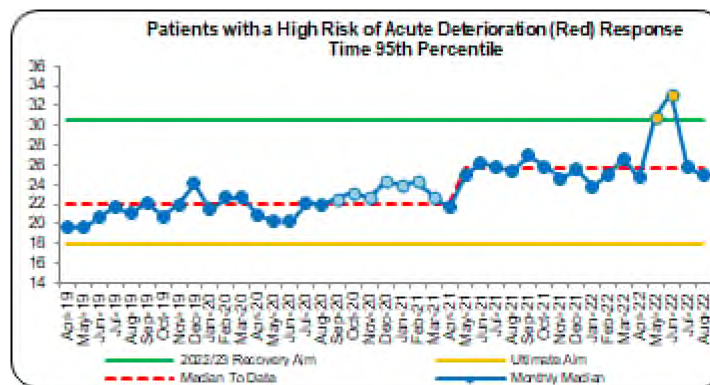
We have increased ambulance resources and are implementing new rosters through the demand and capacity programme. We are focused on working to maximise shift coverage, support abstractions for paramedic training and managing sickness absence levels.

Community first responders and cardiac responders continue to play a valuable role in responding to immediately life threatening calls across Scotland and work is underway to increase their availability and their deployment.

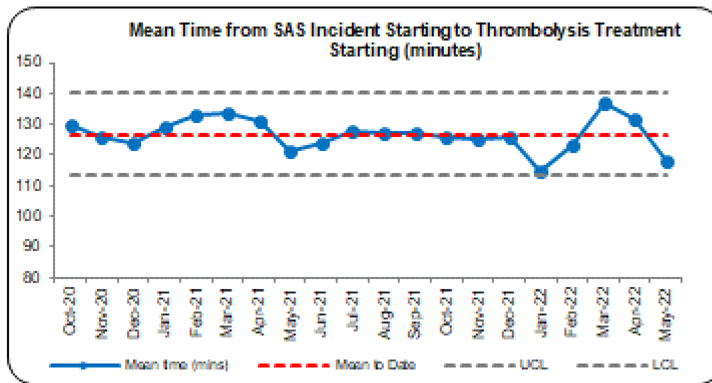
We are continuing to see extended hospital turnaround times in many hospital sites. This remains an area of significant concern. Extended hospital turnaround times are affecting staff rest periods, ambulance availability, ambulance response times and shift over runs. Health Boards have been working with regional management teams to produce site action plans to support flow and reduce ambulance handover delays. Work is also underway to embed the use of the Hospital Arrival Screens handover module at all major hospital sites in Scotland. The system has been reconfigured to allow us to report on the notify time (the time at which the crew informed the hospital they were in the department and ready to handover) and the handover time. Compliance with the use of these screens is now monitored and reported to regional teams, Health Board partners, and Scottish Government. Additional Hospital Ambulance Liaison Officer (HALO) posts have been funded by Scottish Government with all the additional people now in post. The Performance Manager appointed on a secondment, based at the QEUH, also now works with the Ayrshire Hospitals, to share improvement work with their site teams and help with ambulance handover and hospital flow.

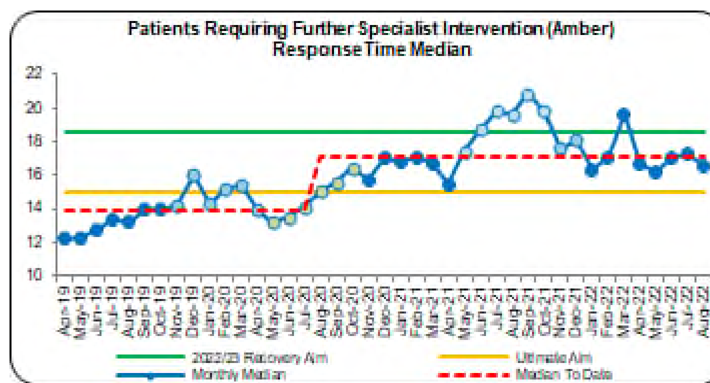
Red Response Categories: Patients at risk of Acute Deterioration

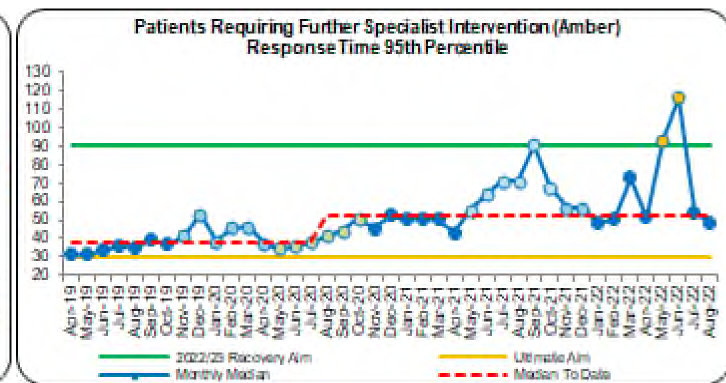




Amber Response Categories: Patients requiring Further Specialist Intervention







What is the data telling us?

Stroke incident start (call coding) to thrombolysis data is collated three months in arrears in order to validate the figures. In May 2022 this was an average of 1 hour 58 minutes.

As with the purple category, the median response to red and amber calls increased in May 2021 as lockdown restrictions were eased.

The median and 95th percentile response times for both categories of call remain stable and slightly below average. In August 2022, we attended 50% of red category incidents within 8 minutes 38 seconds and amber within 16 minutes 34 seconds.

There is variability relating to our application of the 'stroke bundle' however this is normal variation and within control limits.

Why?

Demand in the amber category has levelled out over the last 3 months, returning to median levels.

Similarly, the monthly median and 95th percentile response times has stabilised following a peak in March 2022.

What are we doing and by when?

A number of work streams are underway to support us with our aim to optimise pre-hospital care for Major Trauma patients leading to improved clinical outcomes. The Service is a vital part of the Scottish Trauma Network (STN) ensuring that seriously injured patients are transported to the right hospital for their care through the identification of major trauma and the delivery of highly skilled pre-hospital care and retrievals, to the repatriation of patients for rehabilitation across Scotland.

We are currently finalising our plans to deliver enhanced central coordination through the transition to an Advanced Practice Critical Care Desk (CCD) that will replace our current Trauma Desk model. The CCD will support clinical care on scene and complex triage decisions in addition to the key role of identifying calls requiring an APCC or critical care team response.

A framework to support the review of the performance of the Major Trauma Triage Tool (MTTT) incorporating MTTT data from the Scottish Ambulance Service and feedback from STN regional partners has been developed. The MTTTs act as evidence-based guides to select patients most likely to benefit from care in a Major Trauma Centre or Trauma Unit. Supporting and evaluating their use will allow feedback to Service clinicians and the STN regional partners facilitating education and evolution of the MTTT.

The Service continues to work closely with the STN to measure and report on a range of clinically important key performance indicators including:

- the use of the MTTT
- pre-alert to hospitals for major trauma patients
- and the administration of two important trauma medications: tranexamic acid to reduce bleeding and cefotaxime to prevent infection in compound fractures.

Meetings are underway to progress this work with the STN and the Scottish Trauma Audit Group (STAG).

The Scottish Stroke Care Improvement Programme report was published at end June 2022 and recognises the role of the Service as a fundamental part of the response to acute stroke in Scotland. The Service is essential to the timely delivery of revascularisation

therapy to patients with stroke by correctly identifying stroke in the community and rapidly transporting patients with suspected stroke for assessment in hospital. Our key work streams focus on optimising our 'chain of response' to continuously improve our response. These include:

- Improved recognition of stroke at point of first contact within the Ambulance Control Centre
- FAST – improve recognition of hyper-acute stroke through utilisation of FAST (face to face)
- On-Scene times – improve on-scene times by limiting unnecessary clinical interventions as a time critical condition.
- Implement improved and refined 'whole service' stroke pathways to ensure seamless and definitive care (thrombolysis)
- Clinical feedback to clinicians.

We continue to work with our Ambulance Control Centre colleagues with the aim of identifying and further safety netting patients with an unknown symptom onset time but with a known last seen well time.

Clinical outcome data is being utilised to plan any proposed changes to this initiative however, we must also work in consultation with external partners due to the wide-ranging implications any change to the way these patients are triaged could impact across the wider health service.

Over the months of July and August around 1,000 staff have received FAST training through utilisation of the Mobile Testing Unit operative staff. Feedback has been very positive about this initiative.

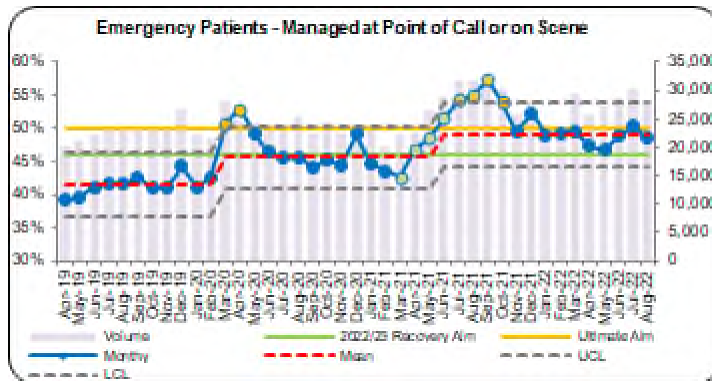
Work to optimise on-scene times continues and we have extended our work to a further ambulance station. The output of these initiatives is due for internal reporting in October 2022.

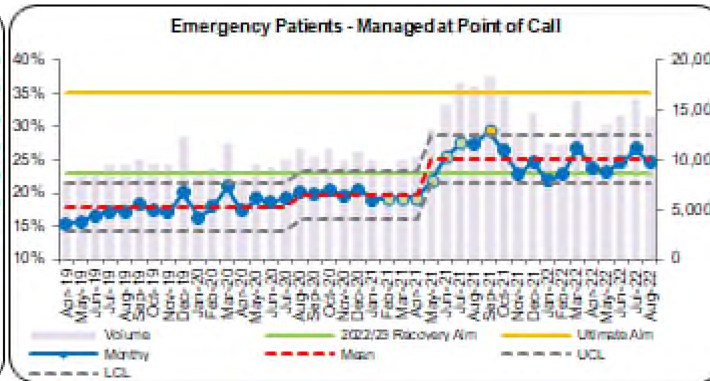
The chart "Mean time from SAS Incident to Thrombolysis Treatment Starting (minutes)" is included for the first time within this report. It is noted that this reflects variation in recent months, in May 2022 the data shows thrombolysis treatment starting at just over 110 minutes, the shortest time for some months. Work is underway to understand the regional and sub-regional variation that exists in the time to thrombolysis treatment getting underway. It is important to highlight that the treatment starting time is influenced by not only the availability of ambulances to respond but also the operational challenges being experienced by hospital sites impacting timely access to thrombolysis.

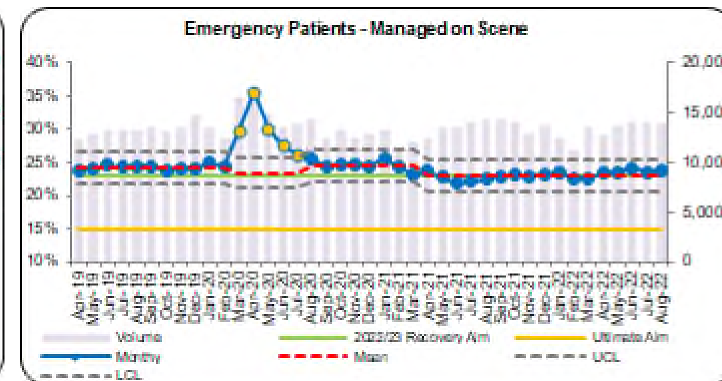
A national review by the Thrombectomy Action Group (TAG) to review the planning and delivery of the national Thrombectomy service and associated funding is likely to impact the Service through a significant reduction in resource allocation. We are working closely with TAG highlighting the risks this will bring to our programme. A further update will be included in subsequent reports.

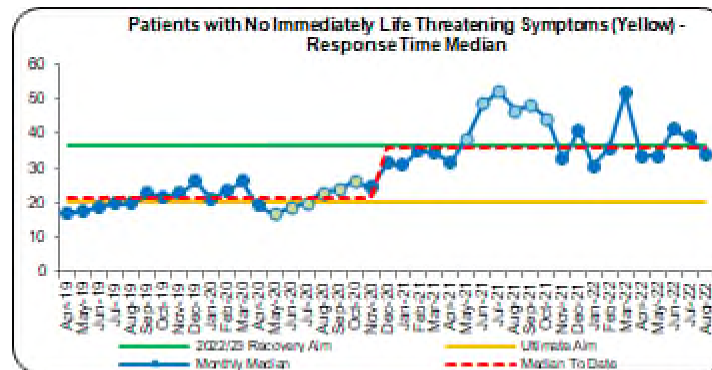
The first meeting of the Service's Stroke Research and Innovation forum took place in July 2022 with proposals received from NHS Tayside and NHS Grampian to collaborate with the Service in the stroke pre-hospital care arena. Work is underway to review and consider the proposals in further detail and updates will be included in further reports.

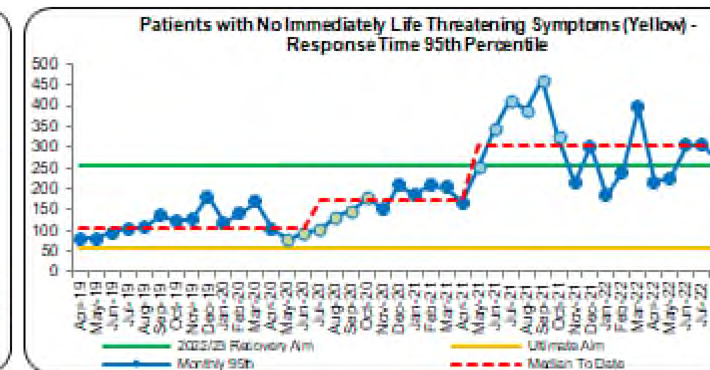
Yellow Response Category: Patients with Highest Potential for Non-Emergency Department Attendance











What is the data telling us?

The proportion of emergency patients managed either at point of call or on scene has remained around the mean of 49% since November 2021. In August 2022 it was 48.5%, made up of 24.6% of patients managed at point of call and 23.9% managed on scene. The overall picture of patients being cared for out with the Emergency Department remains substantial and will be supported by the work that is underway through the national Integrated Urgent and Unscheduled Care Collaborative of which the Service has a pivotal role to play.

We have submitted our improvement plan to Scottish Government aimed at supporting the Eight High Impact Changes identified as key to delivery of this programme. These improvement actions are aligned to our chain of response extending from the aims and objectives of the Clinical Hub within our Ambulance Control Centre, ensuring equitable access to pathways and territorial board Flow Navigation Centres that can provide decision-making support for patients presenting with urgent care needs through to supporting Boards to avoid discharge without delays. A key action that will need the support of Scottish Government and health board partners to deliver is the aim to achieve a reduction in hospital turnaround times.

Our Pathway Navigation Hub is progressing with a central function within the Service managing calls, referring and connecting to services and communicating pathway information to crews across the country. We also have regional pathway teams who are focussing on clinician engagement and education, promoting the use of alternatives for patients where it is safe and appropriate to do so and promoting the use of clinician feedback.

We are engaging in national learning networks that support the wider sharing and dissemination of good practice and we are looking to strengthen this in the coming months. There is ongoing engagement with territorial boards to broaden our access to new models of acute care including Same Day Emergency Care (SDEC), Virtual Capacity and broadly supporting Boards to deliver their high impact changes alongside our own priority actions.

Work to develop and deliver our Clinical Hub within the Ambulance Control Centre continues at pace with recruitment of multidisciplinary roles including additional GP Advisers and Advanced Practitioners to support remote clinical triage and assessment. This work is being informed by a robust gap analysis based on a review of clinically appropriate codes to be managed through the Clinical Hub which will improve patient safety and experience, reduce ambulance dispatch, and increase ambulance availability to respond to higher clinical acuity codes. The Clinical Hub is a priority strategic action and aligns to our role in the delivery of the Urgent and Unscheduled Care Collaborative.

It is likely that as we strengthen and develop our remote clinical triage and assessment of patients utilising both telephone and video calls that this may influence the numbers of patients who we attend and subsequently manage out with an ED setting. As we develop our Integrated Clinical Hub within our Ambulance Control Centre our ability to access a range of referral options and end points for patients is increasingly important.

The response time median to yellow incidents has had the median-to-date line recalculated in December 2020 due to a sustained statistical signal of 11 points above the median. A range of pressures in the system has affected this including increased service time, extended hospital turnaround times, an increase in

emergency demand, COVID-19 related abstractions, shift cover and an increase in sickness absence. A range of interventions to mitigate delays is being reviewed and from a clinical safety perspective, our safety netting interventions to detect any clinical deterioration remain in place. Refinement in Advanced Practitioner processes includes additional code sets for consultation, which will augment the established pathways for this group of patients.

Early data indicates these interventions are helping to provide reassurance to patients, avoid delays in response, access wider health and care resources appropriately and ensure that the Service and Emergency Department resources are protected for those high acuity patients who require rapid response. This initiative will be the subject of robust evaluation over 2022-23.

What are we doing and by when?

We continue to work closely with our partners to increase the range of alternatives available to the Service and work is progressing across a number of Flow Navigation Centres, Hospital at Home and expanding Mental Health pathway access as some examples of our breadth of work. A number of internal initiatives with a focus on supporting our frontline clinicians continues to progress including the application of the principles of Realistic Medicine to support shared decision making with our patients.

Our Contribution to Improving Population Health
Drug Harm Reduction

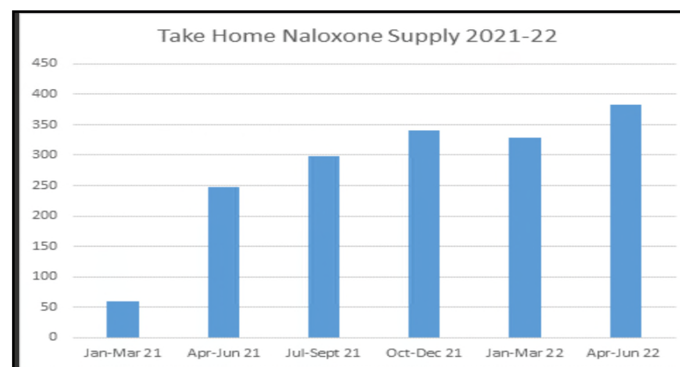
The work of the Service to play an increasing role in the national initiative to reduce harm from problematic substance use has been underway since 2020 recruiting a team to support this work with a focus on education and training of frontline clinicians as well as the distribution and promotion of Take Home Naloxone.

The publication of the Changing Lives report illustrated the pivotal role of the Service in contributing to the outcomes detailed within the report and our role in progressing the wide range of recommendations.

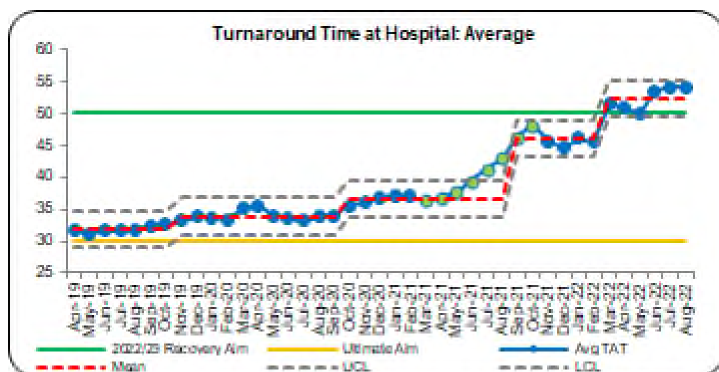
Through participation in the Drug Deaths Task Force the Service are now crucial partners with territorial Boards, Alcohol and Drug Partnerships, Police, Fire and Public Health Scotland.

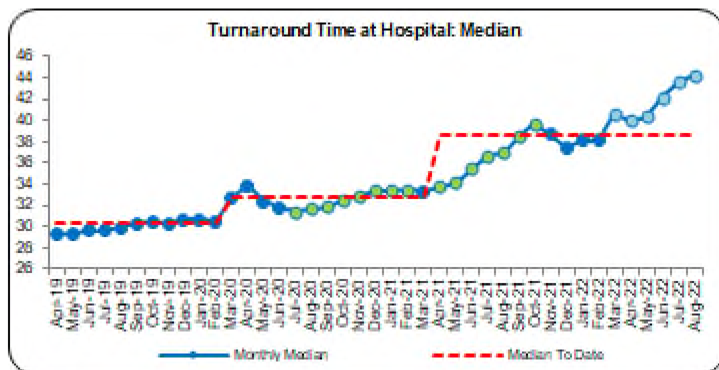
We have a robust programme of work including our aim to build a sustainable infrastructure within the Service to identify opportunities to reduce harm/death from drugs through education and training as well as adopting the insight of those with lived experience to support the development of this approach. We are also aiming to increase the number of people who are identified as suitable for connection with drug treatment and support services.

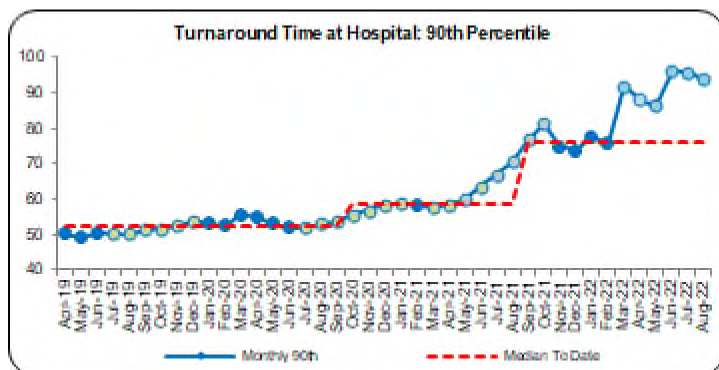
We continue to utilise our staff engagement sessions to update on the wide range of initiatives underway both internally and externally and these continue to remain very popular with staff generating thoughtful and engaging debate and discussion.



TT: Turnaround Time at Hospital







What is the data telling us? – Average, median and 90th centile turnaround times are reporting at levels significantly higher than have been seen historically. An increase in turnaround time translates to reduced availability of ambulances to respond to other patients who have made emergency calls. In addition to more time being spent at hospital, tasking crews from hospital rather than tactical deployment points can also negatively impact on the time taken to reach patients.

Between August 2019 and August 2022 the average turnaround time increased from 31 minutes 49 seconds to 54 minutes 02 seconds. This means our crews are, on average, spending 22 minutes 13 seconds longer at hospital for every patient conveyed.

Why? – Hospital Turnaround Times for Ambulance Crews has been compounded by the strict infection prevention and control measures that hospitals have had to put in place due to the COVID-19 pandemic, and as restrictions have eased, hospitals are operating at or near full capacity. The situation remains particularly challenging in some hospital sites affecting ambulance response times, ambulance availability, staff rest periods and shift overruns.

What are we doing and by when?

Hospital Ambulance Liaison Officers (HALOs) have been deployed at the busiest hospital sites to ensure we are fully integrated in support of whole system hospital flow. HALOs are supported by managers.

Additional HALOs are now in place across the three regions funded by the unscheduled care and systems pressure money. There are now six additional HALOs in the West Region, three in the East Region, and two in the North Region. NHS Lanarkshire has also

funded an additional HALO post to work in the Flow Centre. The Service now has 22.5 WTE HALOs in post covering the major Emergency Department sites.

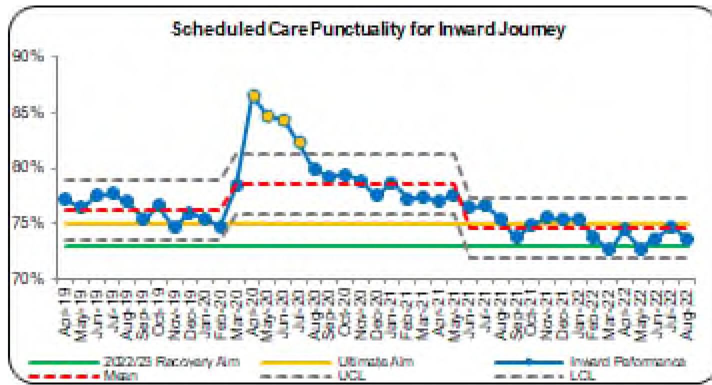
During August 2022, an updated Joint Improvement Plan with clear improvement trajectories and timelines was agreed with NHS Grampian focused on reducing hospital turnaround times at Aberdeen Royal Infirmary and Dr Gray's Hospital in Elgin. Similar work is being progressed with NHS Highland around reducing hospital turnaround times at Raigmore Hospital in Inverness. The aim is to reduce hospital turnaround times to less than 30 minutes at all of these hospital sites.

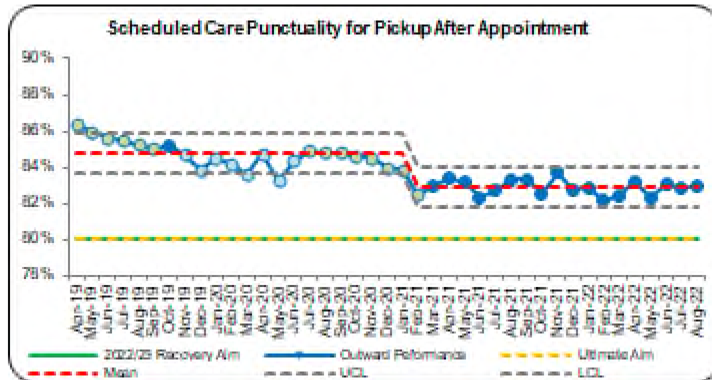
Other specific actions include:

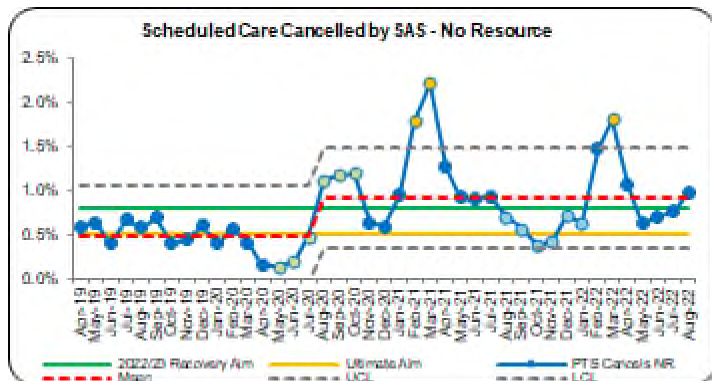
- Weekly or bi weekly meetings between Chief Executives at the most challenging sites
- Increased use of 'safe to sit' practice to avoid patients waiting in ambulances where they can safely wait in COVID-19 compliant waiting areas.
- Hospital arrival screens available to Hospital teams to monitor ambulance patients who are waiting to be handed over and ambulance patients due to come into Emergency Departments and the Hospital helping with managing flow.
- All efforts re safe alternative measures to Emergency Department admission described earlier in terms of the IUUC.
- Hospitals exploring development of temporary admissions units to support surge capacity.
- Escalation to Senior On Duty and On Call Teams as required.
- Involvement in Hospital Incident Team meetings.
- Cohorting guidance produced to allow regions to cohort patient (preferably post triage) at key sites at busy times.
- Review of joint improvement plans in place with acute sites is ongoing and this is being refreshed as part of our winter planning activity.
- Daily conference calls with our HALOs take place to ensure early escalation of issues but also to ensure support for the HALOs in engaging with sites.
- Additional pathways are opening up to provide alternatives to ED e.g. SDEC in Lothian from 5th September, a respiratory pathway in Forth Valley from the same date and the incremental roll out of a falls pathway across Greater Glasgow & Clyde.
- We are scaling up the use of a QR code to support crews with local details around pathways and this will be expanded by the end of September 2022 to Forth Valley.

The Service is working closely with closely with Territorial Boards around access to Flow Navigation Centres (FNCs). NHS Grampian's Flow Navigation Centre (FNC) is helping to refer patients to appropriate pathways of care as a safe alternative to emergency department attendance.

SC: Scheduled Care







What is the data telling us? –The number of Scheduled Care calls has remained stable since early 2022 and was 35,875 in August 2022 (see chart: Scheduled Care Calls – All Calls on page 8). Call demand between July and August rose from 34,035 to 35,875 calls, which is a month on month increase of 5%. Journey demand between July and August increased by 12%, from 25,787 to 28,886 journeys. This is the highest level of journey demand in the last six months and in line with journey demand levels 12 months ago.

Punctuality for inward appointments in August 2022 was 73.5%, which is above the 2022/23 recovery aim of 73% and is within control limits.

Punctuality after appointment was 82.9% in August 2022, above the recovery and ultimate aim of 80% and is within control limits.

The percentage of PTS cancelled by the Service in the "No Resource" category saw a further slight decrease in performance to 1.0% in August 2022, which is above the 2022/23 recovery aim of 0.8% and is within control limits.

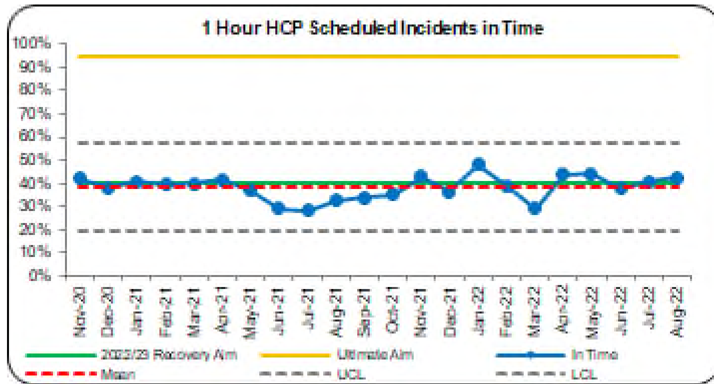
Why? – While physical distancing measures relaxed on 14 April, we continue to safeguard patients who are at an increased risk of contracting COVID-19, by maintaining single journey arrangements for these higher risk patients. Demand has increased, but vacancies and abstractions have resulted in reduced cover in some areas.

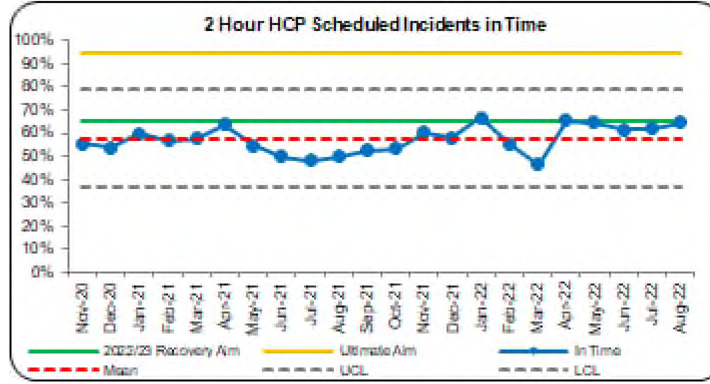
What are we doing and by when?

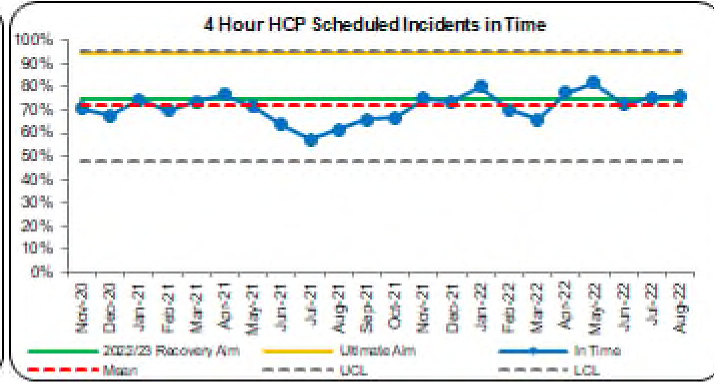
Recruitment and absence management is ongoing. A number of improvement projects are underway to help optimise scheduled care productivity. Revisions to the Patient Needs Assessment are planned for October 2022, to help to ensure that our scheduled care resources are focused on those patients who require ambulance

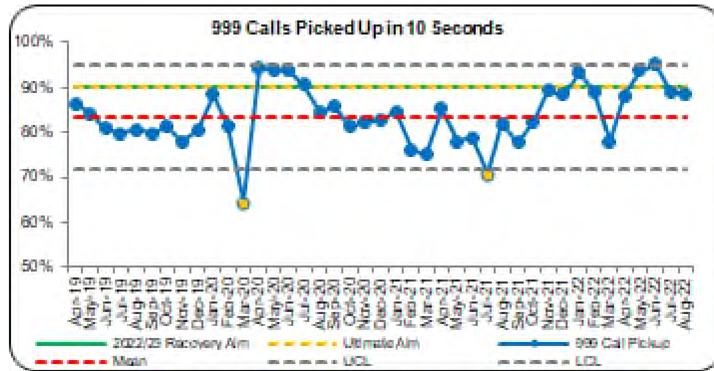
care and conveyance while travelling to hospital appointments. In addition, we have engaged NHS Boards and the Transport to Health team at Scottish Government about potential additional scheduled care demand through Planned Care activity and as National Treatment Centres begin to go live from the beginning of next year.

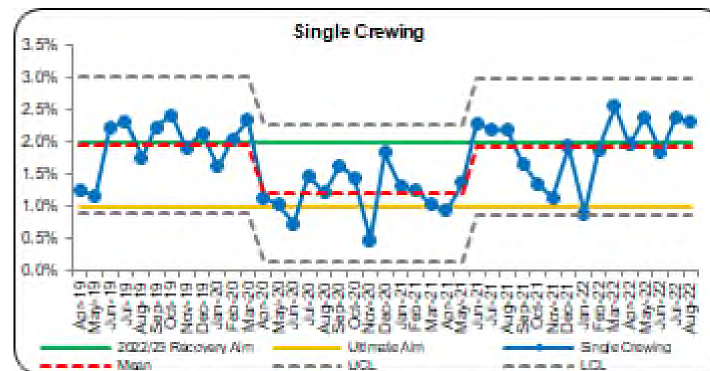
Other Operational Measures











What is the data telling us?

The proportion of scheduled incidents from Health Care Professionals (HCP) is being presented for the first time in this paper. These incidents fall into 3 categories which are defined by the requested timeframe of attendance.

As with responses to emergency incidents, response to these incidents is heavily influenced by the increased time experienced at the handover of patients. In all of these timeframes there has been an improvement since the summer of 2021 and the proportion reached within the timescales remains stable and within the control limits at 42.7%, 64.8% and 75.7% for 1 hour, 2 hour and 4 hour scheduled incidents respectively.

The proportion of 999 calls answered in 10 seconds has seen improvement and stability in the last 4 months with 88.5% being achieved in August 2022 against an aim of 90%.

What are we doing and by when?

HCP Scheduled Incidents in Times

The Regions are working closely with the Ambulance Control Centre to maximise availability and tasking of low acuity ambulance resources to appropriate ambulance calls. This is focused on sending the right ambulance resource to the right place at the right time with an appropriate skill level. This has a positive impact on HCP calls where an emergency ambulance may not always be required to convey a patient to hospital. Through the Service's demand and capacity programme, we are seeing the benefits of aligning the right ambulance resources to ambulance demand through the Ambulance Control Centre Clinical Hub, rostering and additional ambulance resources. Extended Hospital turnaround times continue to impact on ambulance service time and ambulance availability.

Scheduled Incidents 1, 2 and 4 hours – attending incidents within their allocated time remains the main priority within the Timed Admissions Hubs within the Ambulance Control Centre. This test of change across all Ambulance Control Centre sites and regions allows for dedicated clinical and dispatch focus to maximise the use of our dedicated Scheduled Care vehicles freeing up critical A&E capacity where it is safe and appropriate to do so. The Ambulance Control Centres and Regions have individual improvement action plans being progressed through the Service's Planning & Performance Steering Group to improve this overall performance.

Single Crewing

Staff abstractions for both COVID-19 and non COVID-19 reasons have impacted on the percentage of single crewing. Every effort is made by the Regions to avoid single crewing through maximising relief cover and covering shifts in advance where single crewing is anticipated.

Other specific actions include:

- Single crewing is reviewed daily as part of the Regional management call to minimise occurrences.

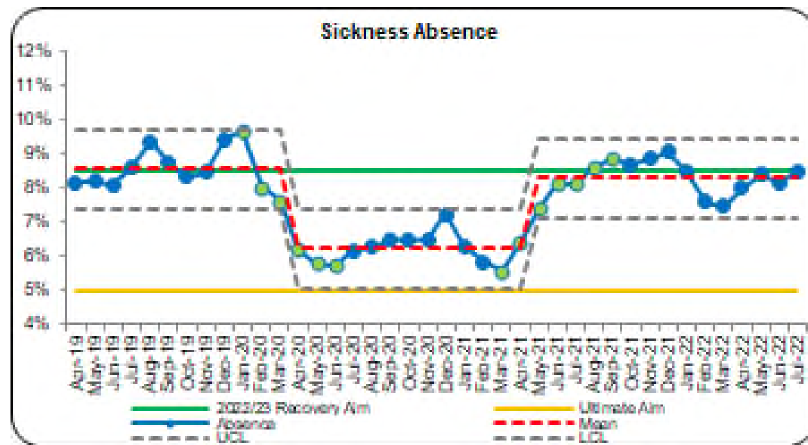
999 Calls picked up in 10 seconds

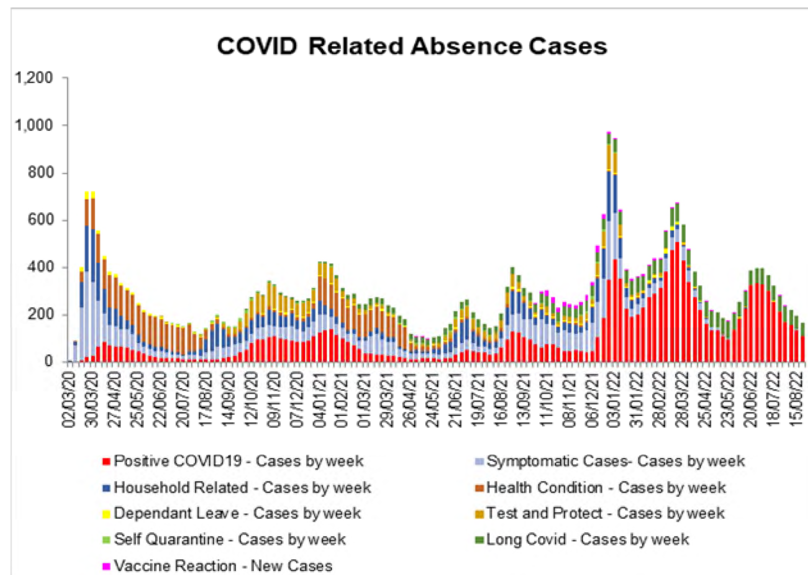
999 call answer - August 2022 Telephone Answer Standards reached 88.5% with 50,629 of our 57,188 public 999 calls offered answered within 10 seconds.

The Ambulance Control Centres continue to maintain a good position on the UK national ambulance services performance table for August 2022 with average speed of answer of 8 seconds for public 999 calls. The Service was 2nd out of 13 of the UK Ambulance Services for speed of answer across August and 3rd of the 13 services for reduced reliance on our buddy arrangement.

SE: Staff Experience

Sickness Absence





What is the data telling us? – The non COVID-19 Sickness Absence level as at July 2022 was 8.3%.

For internal management information purposes and in line with Scottish Government advice, we are recording COVID-19 related absences separately. To align with the reporting requirement from Scottish Government, our COVID-19 related absence is reported by the number of staff absent in relation to COVID-19 in any given week. Percentages relate specifically to the number of staff off each week as a proportion of Headcount and not the percentage of shift coverage hours lost against contracted hours. COVID-19 related absence levels during week commencing 04 July 2022 peaked at the highest level seen since early April 2022. 6.2% of staff were off that week, of the 398 staff absent, 332 were as a result of testing positive. Positive cases continued to fall throughout July/August 2022, by week commencing 22 August weekly positive cases were down by two thirds from the July high, with 110 staff absent during that week.

Why? During August 2022, the majority of cases were related to two distinct categories: positive cases, and Long COVID cases. Our decrease in COVID-19 related absence was in line with forecast modelling carried out by our business intelligence team off the back of the latest update on Scottish Government modelling predictions.

What are we doing and by when? - Over the last few months with the resurgence in COVID-19 activity, our managers have been dealing with a range of attendance issues. These have involved undertaking regular welfare checks with staff, managing short and

long-term abstractions, and undertaking detailed risk assessments for staff with long-term underlying medical conditions. All interventions are in line with the Once for Scotland Attendance Management policy,

The strategic aim, agreed with the Service's Staff Governance Committee, was to stabilise and then reduce absence with a national target for reducing non COVID-19 absence by 1% (from December 2021 when the attendance management post was put in place) by end of March 2022. The Service exceeded this target as absence fell from 9.33% to 6.72% between the start of the year and the end of March 2022, a reduction of 2.61%. Current data shows that absence increased with the month of July 2022 being reported as 7.69%. A close and continued focus remains on maintaining an overall downward trajectory. In the last quarter, the focus has been on resolving complex long term absences across the Service and these efforts are now reflected in improving long term absence rates.

The Regional and National HR teams continue to proactively support frontline managers to manage attendance levels in their area. Specifically, a national Attendance Lead has been in place since January 2022 whose role has been to oversee, co-ordinate and direct the Service's response to reducing sickness absence across all departments of the organisation, as part of our continued commitment to reducing staff abstraction levels across the Service.

Every month a detailed report is produced for the Service's Performance and Planning Steering Group which sets out the position for each region and service area broken down into long and short term sickness absence. A supporting narrative is provided by local managers which gives local information and specific action being taken including a breakdown of the top five reasons for absence. At present the top two reasons nationally are stress, anxiety and depression and musculoskeletal injury. Through the Service's Health and Wellbeing Strategy and the Occupational Health service a wide range of interventions are available to facilitate recovery and return to work.

DL (2022)21 was issued on 24 June 2022 and detailed the Removal of Temporary COVID-19 Policies. It detailed the transitional arrangements required to cease the current COVID-19 Special Leave arrangements on the 31 August 2022 which require staff to move to their contractual sick leave entitlement from 1 September 2022 and their absence will be managed under the Attendance Policy.

We receive daily reporting on COVID-19 related absence that covers the following:

- COVID-19 positive cases
- Self-Isolating Household related cases
- Self-Isolating Displaying Symptoms cases
- COVID-19 related Dependant leave cases
- Self-Isolating Health Condition cases
- Self-Isolating Test & Protect cases
- Self-Isolating Quarantine cases.
- Absence due to Long COVID
- Staff who suffer an adverse reaction following COVID-19 vaccination.

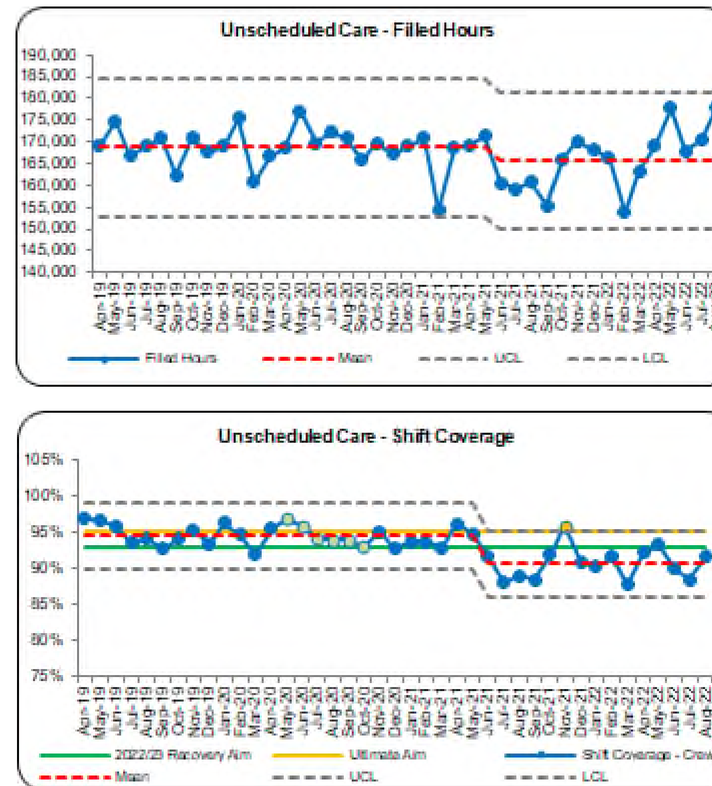
These reports are broken down into daily and weekly charts covering all operational regions and sub regions and National operations.

We will continue to assess attendance management handling arrangements, taking national direction as appropriate in a fast-changing situation.

The Service's Health and Wellbeing Strategy sets out a wide range of actions and programmes aimed at supporting staff and managers to look after their mental and physical wellbeing, recognising the unique stresses of the emergency responder role. A separate Board paper providing a Health and Wellbeing update is now a standing item on the Board agenda.

The Service's current Agile working guidance has been of considerable benefit to those staff who have been required to work from home. The guidance has been helpful in providing some clear and consistent advice around the discussion with staff to ensure that the relevant risk assessment is undertaken and that the individual staff member's workstation is safe and secure.

SE1.2 Shift Coverage



What is the data telling us?

The percentage of accident and emergency shift coverage has seen a drop resulting in a mean and control limit recalculation in June 2021. In the months to March 2022 this was caused by increased COVID-19 related absence. From April 2022 new rosters have been

introduced in a phased approach across the Service, this has resulted in an increase in the number of filled hours. However as the denominator (required hours) has also increased the percentage shift coverage remains similar to previous months.

Best practice for UK ambulance services is no more than 55% utilisation, our utilisation rates in July and August 2022 were 66.7% and 63.6% reflecting the continued shortfall in capacity versus demand which is being progressed through our demand and capacity programme and work to reduce ambulance handover times.

What are we doing and by when?

Regions continue to maximise all recruitment opportunities and use of bank staff. They are are exploring the best way to optimise shift uptake by bank workers ahead of the winter pressures. Weekly reviews of all absences continue to take place to ensure early support and intervention for all cases and minimise abstractions.

Workforce Development

Employee Resourcing

Aim – To recruit and retain staff ensuring that the Service has the skills to deliver its 2021/22 workforce profile and improve staff experience.

Status – Plans are in place to deliver the 2022-23 workforce requirements although adjustments have been, and will continue to be made, to respond to the challenges identified below.

Improvement – We are on track to deliver the 2022/23 workforce plan and are actively pursuing opportunities to go beyond our initial aims, given the system challenges, with support from Scottish Government.

Planned Activities Include – The recruitment team will continue to liaise with regional workforce leads to deliver workforce intake targets. The allocation of places for VQ Ambulance Technician and Ambulance Care Assistant roles continues in line with regional workforce plan requirements.

Other Considerations - Resourcing model developments will support continuing target delivery over the next three years as we transition from our academy training to the new Educational Model to align with the introduction of degree level qualification requirements for HCPC registration in 2022. This will build on the external pipeline, which was expanded in 2017 with commencement of the first full-time degree programme in Scotland (first graduates in 2020). This year the intake for the undergraduate programme is 335 entrants and the support infrastructure is continuing to be refined to meet the needs of the undergraduate cohorts. The work continues with the transition to support for Newly Qualified Paramedic (NQP) and will continue to evolve over the coming years. The VQ programmes have increased in the last year to meet the requirements of the demand and capacity programme of work. The Education and Professional Development team have worked flexibly and collectively to meet the additional demands required both for demand and capacity planning, as well as supporting the development of external partners during the most recent challenges impacting on the workforce in relation to the pandemic and whole system pressures.

We continue to be actively engaged as one of the 5 Boards in the East Region Recruitment Transformation Programme Board. The formal transition to the new East Region Recruitment Service has commenced with effect from 1st April 2022 and will go live in two distinct phases. Phase 1 saw the new Recruitment Service take over all recruitment from NHS Lothian and the Service on 13 June 2022 with the second and final phase commencing in August 2022. A service level agreement has now been agreed with all the Boards in the consortium.

We are also exploring opportunities to develop a multi-professional workforce and transition requirements are being explored to a pre-hospital clinical setting, this work is at an early stage.

We are also applying for accreditation to the UK Home Office to become a Visa Sponsor which will open up significant opportunities for the Service to attract candidates internationally.

Employee Development

Aim - To ensure a capable workforce with the skills and knowledge to deliver a high quality service now and in the future.

Status – We have recommenced much of the learning and development activity that was suspended during the pandemic, including leadership and management development programmes with Learning in Practice scheduled to recommence from September 2022.

Current Work & Planned Activities Include –

- Recommencement of our Foundation Leadership & Management Development Programme with 350 managers scheduled over an 18-month period to commence this year long programme. The first two cohorts are working through their e-learning modules and small group tutorials with a third cohort commencing on 27th September.

- Reintroduction of learning and development, appraisal and PDP activities are being planned in a phased approach that balances our ambitions with a need to stabilise and recover over the next few months.

- We have reviewed our statutory and mandatory training requirements for all staff and are developing plans on how this can be implemented effectively. This is the first phase and will provide a solid foundation prior to identifying any additional training that is role specific.

- We have revised the application process for awarding Continuing Professional Development funding for staff. A newly formed panel has assessed 47 applications for funding against set criteria for development within this financial year.

- Remobilisation of Learning in Practice (LiP) from September 2022. The programme has been reconfigured and will be delivered as blended learning, with an approximate split of 50% face-to-face and 50% as eLearning delivery. Protected time for staff to participate in LiP will remain the same as previous years, with three days for registered health care professionals (paramedics, nurses, midwives), two days for ambulance technicians and one day for ambulance care assistants.

Enabling Technology

1. Emergency Service Network (ESN) Programme

The Home Office Emergency Services Mobile Communication Programme (ESMCP) continues to experience delays. The Home Office are continuing to look at the original procurement lots that were awarded and are reviewing these with a view to re-lotting them. There is also a Competition and Market Authority (CMA) investigation ongoing, the CMA are investigating allegations that are exploiting their position in the ESN market through their involvement in ESN and Airwave. The combination of these initiatives is continuing to delay progress to a clear delivery path for ESN. The ESMCP team are indicating that there will be a finalised overall integrated programme plan with revised dates and key milestones alongside a revised FBC by December this year. It is now acknowledged that the Airwave shutdown date will go beyond the previously expected date of 2026. The three emergency services in Scotland work closely together on ESN and are impact-assessing the delays. There is also work ongoing with the Scottish Government to assess whether continuing to pursue ESN is still the right thing to do. A review has been commissioned and reviews with key stakeholders are scheduled. Financial submissions for the Service for 2022/23 submitted to SG remain under review. Work continues on coverage assurance, review and testing of vehicle devices and working with the programme Air to Ground team to progress requirements and plans. Work on Airwave resilience is in the pipeline and will be managed under the Digital Data, Innovation and Research Portfolio.

2. Integrated Communications Control System

The reset Ambulance Radio Programme (ARP) project to provide an ESN compatible Integrated Communications Control System (ICCS) has continued to undergo testing. After multiple missed go-live dates, The Service's Chief Operating Officer wrote to the ARP Director to express our disappointment with the solution and the ongoing issues. A deadline of 19 August 2022 was put to ARP to resolve all issues and for the Service to complete final end-to-end testing. While the vast majority of issues were resolved, an issue remains which is being risk assessed by operations to assess if it is a show-stopper or if the proposed work-around is acceptable. Potential go-live dates in late October/early November 2022 are being reviewed.

3. Digital Workplace Project (DWP)

Project discovery is nearing completion. Key contacts have been established within NHSS including joining NHSS M365 project managers' community, having Service Information Governance (IG) representation on NHSS IG and Security group and membership of NHSS Power Platform working group. DWP Phase 2 project team has been formed, including key user representatives from a range of work areas.

The OneDrive roll-out was paused after the pilot due to issues with the MCAS-01 security policy (pre-requisite to data migration). Issues have been escalated to NSS but progress is slow. The rollout of OneDrive and SharePoint online are key phase 2 deliverables, however we cannot commence implementing them until various issues at a national level are resolved. In the meantime, information gathering and discovery has been progressing to identify suitable pilot projects for the PowerApps usage including assessing their alignment with the project Best Value Mandate.

M365 Champions Network continues to expand with onboarding sessions held in August with 19 attendees.